

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

15506

FILED MAY 14 1953

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

State File No. 3927

Registrar's No.

1. PLACE OF DEATH  
a. COUNTYb. CITY (If outside corporate limits, write RURAL and give township)  
OR  
TOWN St. Louisc. LENGTH OF  
STAY (in this place)2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE Missouri. b. COUNTYc. CITY  
OR  
TOWN St. Louisd. Is Residence within limits of a city or incorporated town?  
Yes ☐ No ☐d. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION St. Johns Hospitale. STREET ADDRESS (If rural, give location)  
4553a Red Bud Ave., 20943. NAME OF DECEASED  
(Type or Print)

a. (First)

Irene

b. (Middle)

c. (Last)

Britt

4. DATE OF DEATH (Month) (Day) (Year)  
Apr. 14, 1953

## 5. SEX

Female

## 6. COLOR OR RACE

White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)  
Married

## 8. DATE OF BIRTH

July 22, 1900

9. AGE (In years last birthday) 52  
If UNDER 1 YEAR: Months Days If UNDER 1 HRS. Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Housewife & Beauty Operator

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country)  
St. Louis

12. CITIZEN OF WHAT COUNTRY?

## 13a. FATHER'S NAME

William Hayes

## 13b. MOTHER'S MAIDEN NAME

Mary Foley

## 14. NAME OF HUSBAND OR WIFE

George Britt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
George Britt, 4553a Red Bud Ave.

## 18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

\*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) *cirrhosis of liver*

## ANTECEDENT CAUSES

Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (c)

## II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH  
*unknown*

## 19a. DATE OF OPERATION

## 19b. MAJOR FINDINGS OF OPERATION

## 20. AUTOPSY?

YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

5810

22. I hereby certify that I attended the deceased from 3-17, 1953, to 4-14, 1953, that I last saw the deceased alive on 4-13, 1953, and that death occurred at 7:10 P.M., from the causes and on the date stated above.

## 23a. SIGNATURE

(Degree or title)

Edward P. Ref *md* 0

## 23b. ADDRESS

462 N. Taylor St. Louis Mo

## 23c. DATE SIGNED

4-15-53

24a. BURIAL, CREMATION, REMOVAL (Specify)

## 24b. DATE

April 17, 1953

## 24c. NAME OF CEMETERY OR CREMATORY

Calvary Cemetery St. Louis, Mo.

## 24d. LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

APR 15 1953

## REGISTRAR'S SIGNATURE

*Carl Smith MD*

## 25. FUNERAL DIRECTOR'S SIGNATURE

## ADDRESS

Leidner Und. Co. 2223 St. Louis Av

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Robert M. Murray*.....

Licensed Embalmer No. *3749*.....

P. O. Address *St. Louis, Mo.*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.